



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2009

**1. ID No.** 000484603

**2. Exact Name of the Limited Liability Company** GMACI Insurance Agency LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Licensed Insurance agent/broker that sells insurance products on behalf of both GMACI insurers and other third party insurers covering business insurance needs of automotive dealers and their employees or any insurance and similar products sold by automotive dealers to purchasers of any automobile make and model; products are available throughout the United States.

**5. Principal Office Address**

No. and Street: C/O THE CORPORATION TRUST COMPANY

1209 ORANGE STREET

City or Town: WILMINGTON

State: DE Zip: 19801 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: KATHY BOYCE-ECKART Contact Title: ASSISTANT SECRETARY

No. and Street: 300 GALLERIA OFFICENTRE, SUITE #200

City or Town: SOUTHFIELD

State: MI Zip: 48034 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 12 Day of April, 2010 at 10:18:10 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KATHY BOYCE-ECKART  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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